

DECLARATION, POWER OF ATTORNEY AND PETITION

As a below named inventor, I hereby declare that:

My residence, citizenship and post office address are as stated below next to my name and signature.

This declaration is of the following type: *(check one)* ☒ original; ☐ design;
☐ supplemental; ☐ national stage of PCT or ☐ divisional, continuation or continuation-in-part.

I believe I am the original, first and sole inventor *(if only one name is listed below)* or an original, first and joint inventor *(if multiple names are listed below)* of the subject matter which is claimed and for which a patent is sought on the invention entitled:

LICENSED PROFESSIONAL SCORING SYSTEM AND METHOD

the specification of which: *(check one)* ☒ is attached hereto; ☐ was filed on _____ as Application Serial No. _____ and is/was amended on _____ *(if applicable)* or ☐ was described and claimed in PCT International Application No. _____, filed on _____ as amended under PCT Article 19 on _____ *(if any)*.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application as defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby identify below, and where indicated claim foreign priority benefits under Title 35, United States Code §§ 119(a)-(d) or §§ 365(a)-(b) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America, filed within 12 months (6 months for design) prior to this application, and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) on which priority is claimed *(if any)*:

Prior Foreign/PCT Application(s)			Priority claimed	
			<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	Day/month/year filed	Yes	No
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	Day/month/year filed	Yes	No
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	Day/month/year filed	Yes	No
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below *(if any)*:

60/395,187

July 10, 2002

Provisional Application Number

Filing Date

Provisional Application Number

Filing Date

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or § 365(c) of any PCT International Application designating the United States of America listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)	(Filing date)	(patent, pending, abandoned)
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(Application Serial No.)	(Filing date)	(patent, pending, abandoned)
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

And I hereby appoint the following practitioner(s): **Randy Lipsitz, Reg. No. 29,189; Richard L. Moss, Reg. No. 39,782**; and all of the firm of Kramer Levin Naftalis & Frankel LLP, including all of the attorneys of **CUSTOMER NO. 31013** whose correspondence address is:

Kramer Levin Naftalis & Frankel LLP
919 Third Avenue
New York, New York 10022

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(212) 715-9100

as my attorneys with full powers of substitution and revocation, to prosecute this application and to transmit all business in the Patent and Trademark Office connected therewith. Please send all correspondence to the above correspondence address.

Wherefore I pray that Letters Patent be granted to me for the invention or discovery described and claimed in the foregoing specification and claims, and I hereby subscribe my name to the foregoing specification and claims, declaration, power of attorney, and this petition.

Full name of sole or first inventor: **Frank M. Zizzamia**
Inventor's signature: _____ Date: _____
Residence: **81 Wheeler Road, Avon, CT 06001**
Citizenship: **United States**
Post Office Address: **81 Wheeler Road, Avon, CT 06001**

Full name of second joint inventor: **John R. Lucker**
Inventor's signature: _____ Date: _____
Residence: **88 Blue Ridge Drive, Simsbury, CT 06070**
Citizenship: **United States**
Post Office Address: **88 Blue Ridge Drive, Simsbury, CT 06070**

Full name of additional joint inventor: **Alice Kroll**
Inventor's signature: _____ Date: _____
Residence: **10712 Torrey Pines Circle, Carmel, IN 46032**
Citizenship: **United States**
Post Office Address: **10712 Torrey Pines Circle, Carmel, IN 46032**

Full name of additional joint inventor: **Karl J. Knable**
Inventor's signature: _____ Date: _____
Residence: **5838 Bryan Drive, Indianapolis, IN 46227**
Citizenship: **United States**
Post Office Address: **5838 Bryan Drive, Indianapolis, IN 46227**

Full name of additional joint inventor: _____
Inventor's signature: _____ Date: _____
Residence: _____
Citizenship: _____
Post Office Address: _____

Sheets containing additional joint inventors (*check one*) ☐ are, ☒ are not attached hereto.